



Complete Summary

TITLE

Domestic violence: percent of adult and adolescent patients who screened negative for current or past intimate partner violence (IPV) but whom the provider is still concerned may be a victim of IPV who were offered information about IPV and referrals.

SOURCE(S)

Family Violence Prevention Fund. National consensus guidelines on identifying and responding to domestic violence victimization in health care settings. San Francisco (CA): Family Violence Prevention Fund; 2004 Feb 1. 70 p. [70 references]

Measure Domain

PRIMARY MEASURE DOMAIN

Process

The validity of measures depends on how they are built. By examining the key building blocks of a measure, you can assess its validity for your purpose. For more information, visit the [Measure Validity](#) page.

SECONDARY MEASURE DOMAIN

Does not apply to this measure

Brief Abstract

DESCRIPTION

This measure is used to assess the percent of adult and adolescent patients who screened negative for current or past intimate partner violence (IPV) but whom the provider is still concerned may be a victim of IPV who were offered information about IPV and referrals.

RATIONALE

During the past fifteen years, there has been a growing recognition among health care professionals that domestic violence (DV), also known as intimate partner violence (IPV) is a highly prevalent public health problem with devastating effects on individuals, families and communities. Most Americans are seen at some point

by a health care provider, and the health care setting offers a critical opportunity for early identification and even the primary prevention of abuse. Studies show that assessing for IPV in medical settings has been effective in identifying women who are victims and that patients are not offended when asked about current or past IPV. A host of professional health care associations have issued position statements to their members describing the impact of IPV on patients and suggesting strategies for assessment and identification of abuse. These statements represent important steps in raising awareness about IPV in health care settings. Generally, however, they offer neither specific guidelines for intervening and responding, nor criteria that promote the utilization and evaluation of recommended practice. The Family Violence Prevention Fund's (FVPF) domestic violence guideline offers specific recommendations for assessing for and responding to IPV that may be applied to multiple health settings.

This is one of 8 implementation measures that may be used to assess compliance with the clinical recommendations outlined in the FVPF guideline.

PRIMARY CLINICAL COMPONENT

Intimate partner violence (IPV); information about IPV; referrals

DENOMINATOR DESCRIPTION

All adult and adolescent patients who received health care services in the clinical setting who screened negative for current or past intimate partner violence (IPV) but whom the provider is still concerned may be a victim of IPV

NUMERATOR DESCRIPTION

The number of patients from the denominator who were offered information about intimate partner violence (IPV) and referrals

Evidence Supporting the Measure

EVIDENCE SUPPORTING THE CRITERION OF QUALITY

- A clinical practice guideline or other peer-reviewed synthesis of the clinical evidence

NATIONAL GUIDELINE CLEARINGHOUSE LINK

- [National consensus guidelines on identifying and responding to domestic violence victimization in health care settings.](#)

Evidence Supporting Need for the Measure

NEED FOR THE MEASURE

Unspecified

State of Use of the Measure

STATE OF USE

Current routine use

CURRENT USE

Internal quality improvement

Application of Measure in its Current Use

CARE SETTING

Ambulatory Care
Behavioral Health Care
Community Health Care
Emergency Medical Services
Hospitals
Managed Care Plans
Physician Group Practices/Clinics
Rehabilitation Centers

PROFESSIONALS RESPONSIBLE FOR HEALTH CARE

Advanced Practice Nurses
Allied Health Personnel
Dentists
Emergency Medical Technicians/Paramedics
Nurses
Physical Therapists
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Public Health Professionals
Social Workers

LOWEST LEVEL OF HEALTH CARE DELIVERY ADDRESSED

Group Clinical Practices

TARGET POPULATION AGE

Adults and adolescents

TARGET POPULATION GENDER

Either male or female

STRATIFICATION BY VULNERABLE POPULATIONS

Characteristics of the Primary Clinical Component

INCIDENCE/PREVALENCE

- Intimate partner violence (IPV) is a health problem of enormous proportions. It is estimated that between 20 and 30% of women and 7.5% of men in the United States have been physically and/or sexually abused by an intimate partner at some point in their adult lives. Heterosexual women are five to eight times more likely than heterosexual men to be victimized by an intimate partner. From 1993 to 1998, victimization by an intimate partner accounted for 22% of the violent crime experienced by females and 3% of the violent crime sustained by males. Women aged 16 to 24 experience the highest per capita rate of IPV. For adolescents, the rates of experiencing some form of dating violence vary from 25 to 60%. While studies indicate that boys and girls may accept physical and sexual aggression as normative in dating and intimate partner relationships, adolescent females are more likely to receive significant physical injuries than boys and are more likely to be sexually victimized by their partners.
- The National Center on Elder Abuse estimates that 818,000 elderly Americans were victims of domestic abuse in 1994. There are far fewer data on lesbian, gay, transgender, and bisexual (LGTB) victimization. However, the available literature suggests similarly high rates for LGTB adolescent and adult populations with higher rates in male same-sex relationships than female. IPV occurs in every urban, suburban, rural and remote community; in all social classes, and in all ethnic and religious groups including immigrant and refugee populations.
- The estimates of children exposed to IPV vary from 3.3 million to ten million per year, depending on the specific definition of witnessing violence, the source of interview, and the age of child included in the survey. In the Adverse Childhood Experiences (ACE) Study, conducted on a large sample of members (30,000 adults) of the Kaiser Health Plan in California, 12.5% of respondents indicated childhood exposure to IPV and 10.8% indicated a personal history of child abuse including physical, sexual and emotional abuse. This research and other studies indicate that children who witness IPV are seen with both frequency and regularity in the health care system as children and as adults.

EVIDENCE FOR INCIDENCE/PREVALENCE

Family Violence Prevention Fund. National consensus guidelines on identifying and responding to domestic violence victimization in health care settings. San Francisco (CA): Family Violence Prevention Fund; 2004 Feb 1. 70 p. [70 references]

ASSOCIATION WITH VULNERABLE POPULATIONS

See "Incidence/Prevalence" and "Burden of Illness" fields.

BURDEN OF ILLNESS

- In addition to injuries sustained by women during violent episodes, physical and psychological abuse are linked to a number of adverse medical health effects including arthritis, chronic neck or back pain, migraine or other types of headache, sexually transmitted infections (including human immunodeficiency virus [HIV]/acquired immune deficiency syndrome [AIDS]), chronic pelvic pain, peptic ulcers, chronic irritable bowel syndrome, and frequent indigestion, diarrhea, or constipation. Six percent of all pregnant women are battered and pregnancy complications, including low weight gain, anemia, infections, and first and second trimester bleeding, are significantly higher for abused women, as are maternal rates of depression, suicide attempts, and substance abuse.
- Optimal management of other chronic illnesses such as asthma, HIV/AIDS, seizures, diabetes, gastrointestinal disorders, and hypertension can be problematic in women who are being abused or have been abused in the past. Often times the perpetrator controls the victim's access to and compliance with health protocols. Emerging research shows that women who are abused are less likely to engage in important preventive health care behaviors such as regular mammography and are more likely to participate in injurious health behaviors including smoking, alcohol abuse, and substance abuse. In many controlled studies, intimate partner violence (IPV) significantly increases the risk for serious mental health consequences for victims including depression, traumatic and posttraumatic stress disorder, anxiety, and suicidal ideation. The health consequences of abuse can continue for years after the abuse has ended. IPV can also result in homicide; in 1996, 1,800 murders were attributed to intimates.
- Adolescents also suffer devastating and often lifelong effects from dating violence. In one study, female adolescents who reported experiencing sexual or physical dating violence were 2.5 times as likely to report smoking, 8.6 times more likely to attempt suicide, and 3.4 times more likely to use cocaine than their non-abused peers. In addition, abused teens were 3.7 times more likely to use unhealthy weight control behaviors such as using laxatives or vomiting. The experience of interpersonal violence is also correlated with repeated pregnancy and higher rates of miscarriage among low-income adolescents.
- More than 100 studies have explored the short and long-term effects of IPV on children. In 30 to 60% of families affected by IPV, children are also directly abused. Children exposed to IPV, particularly chronic abuse, often show symptoms associated with posttraumatic stress disorder. One study found that a child's exposure to IPV (without being directly assaulted) was sufficiently traumatic to precipitate moderate to severe symptoms of posttraumatic stress in 85% of the children surveyed. Although physical health problems have seldom been measured in children exposed to IPV, one study found that they are more likely to exhibit physical health problems including chronic somatic complaints, and behavioral problems such as depression, anxiety, and violence towards peers. Another study found that children exposed were also more likely to attempt suicide, abuse drugs and alcohol, run away from home, engage in teenage prostitution, and commit sexual assault crimes. There is a growing body of research regarding the impact of violence on early brain development that could have implications for children growing up in violent homes.
- There is an urgent need to address family violence over the lifespan because health effects of victimization often persist for years after the abuse has ended. Adults who were abused as children, witnessed intimate partner

violence, had a parent with a mental illness, or parental substance abuse are at significantly high risk for obesity, heart disease, hepatitis, diabetes, depression, and suicide. These adverse childhood experiences frequently cluster in households and have a cumulative effect--the more adverse exposures in a household, the higher the likelihood of long-term health problems as an adult.

EVIDENCE FOR BURDEN OF ILLNESS

Family Violence Prevention Fund. National consensus guidelines on identifying and responding to domestic violence victimization in health care settings. San Francisco (CA): Family Violence Prevention Fund; 2004 Feb 1. 70 p. [70 references]

UTILIZATION

Unspecified

COSTS

Unspecified

Institute of Medicine National Healthcare Quality Report Categories

IOM CARE NEED

Getting Better
Living with Illness

IOM DOMAIN

Effectiveness
Patient-centeredness
Safety

Data Collection for the Measure

CASE FINDING

Users of care only

DESCRIPTION OF CASE FINDING

All adult and adolescent patients who received health care services in the clinical setting who screened negative for current or past intimate partner violence (IPV) but whom the provider is still concerned may be a victim of IPV

DENOMINATOR SAMPLING FRAME

Patients associated with provider

DENOMINATOR INCLUSIONS/EXCLUSIONS

Inclusions

All adult and adolescent patients who received health care services in the clinical setting who screened negative for current or past intimate partner violence (IPV) but whom the provider is still concerned may be a victim of IPV

Exclusions

Unspecified

DENOMINATOR (INDEX) EVENT

Encounter

DENOMINATOR TIME WINDOW

Time window is a single point in time

NUMERATOR INCLUSIONS/EXCLUSIONS

Inclusions

The number of patients from the denominator who were offered information about intimate partner violence (IPV) and referrals

Exclusions

Unspecified

NUMERATOR TIME WINDOW

Encounter or point in time

DATA SOURCE

Medical record

LEVEL OF DETERMINATION OF QUALITY

Individual Case

PRE-EXISTING INSTRUMENT USED

Unspecified

Computation of the Measure

SCORING

Rate

INTERPRETATION OF SCORE

Better quality is associated with a higher score

ALLOWANCE FOR PATIENT FACTORS

Unspecified

STANDARD OF COMPARISON

Internal time comparison

Evaluation of Measure Properties

EXTENT OF MEASURE TESTING

Unspecified

Identifying Information

ORIGINAL TITLE

If a patient did not disclose abuse but provider is concerned, records should indicate verbal and written information about IPV and that referrals were offered.

MEASURE COLLECTION

[Domestic Violence Victimization Guideline Implementation Measures](#)

DEVELOPER

Family Violence Prevention Fund

ADAPTATION

Measure was not adapted from another source.

RELEASE DATE

2004 Feb

MEASURE STATUS

This is the current release of the measure.

SOURCE(S)

Family Violence Prevention Fund. National consensus guidelines on identifying and responding to domestic violence victimization in health care settings. San Francisco (CA): Family Violence Prevention Fund; 2004 Feb 1. 70 p. [70 references]

MEASURE AVAILABILITY

The individual measure, "If a patient did not disclose abuse but provider is concerned, records should indicate verbal and written information about IPV and that referrals were offered," is published in "National Consensus Guidelines on Identifying and Responding to Domestic Violence Victimization in Health Care Settings." This document is available in Portable Document Format (PDF) from the [Family Violence Prevention Fund Web site](#).

For more information, contact Family Violence Prevention Fund at, 383 Rhode Island Street, Suite 304, San Francisco, CA 94103; phone: 415-252-8900; fax: 415-252-8901; Web site: www.endabuse.org; e-mail: lisa@endabuse.org

NQMC STATUS

This NQMC summary was completed by ECRI on August 31, 2005. The information was verified by the measure developer on October 5, 2005.

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